

INDIAN ROCKS PROPERTY OWNERS ASSOC. INC.
OF LEDGEDALE

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APPLICATION FOR TREE REMOVAL

NAME: _____

911# AND STREET NAME _____

Phone # _____

I HAVE _____ TREE(S) TO BE REMOVED ON MY PROPERTY.
(# OF TREES)

THEY HAVE BEEN MARKED WITH TAPE, PAINT, OR ROPES. (CIRCLE ONE)

PLEASE EXPLAIN POSITION OF TREES:

THESE TREES HAVE BEEN CHECKED BY _____ ON _____ AND ARE OK
TO BE TAKEN DOWN. (INITIALS) (DATE)